

State of Texas

Appendix 1 to Attachment 3.1-B
page 41b

19. Case Management Services - Blind and Visually Impaired
Children

See Supplement 1 to Attachment 3.1-A, page 1C

TN No. 92-32 Approval Date SEP 03 1992 Effective Date JUL 01 1992
Supersedes 88-23
TN No. 88-23

STATE	<u>Texas</u>	A
DATE REC'D	<u>AUG 24 1992</u>	
DATE APPV'D	<u>SEP 03 1992</u>	
DATE EFF	<u>JUL 01 1992</u>	
HCFA 179	<u>92-32</u>	

State of Texas

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page 41c

19. Case Management Services - High-Risk Pregnant Women

See Supplement 1 to Attachment 3.1-A, page 1D

STATE <u>Texas</u>	A
DATE REC'D <u>AUG 24 1992</u>	
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State of Texas

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page 41d

19. Case Management Services - High-Risk Infants under Age One

See Supplement 1 to Attachment 3.1-A, page 1E

STATE <u>Texas</u>	A
DATE REC'D <u>AUG 24 1992</u>	
DATE APPV'D <u>SEP 03 1992</u>	
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HCFA 179 <u>92-32</u>	

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19. Case Management Services - Infants and Toddlers with Developmental Disabilities.

See Supplement 1 to Attachment 3.1-A, page 1 F.

STATE <u>Texas</u>	A
DATE REC'D <u>AUG 31 1992</u>	
DATE APPV'D <u>SEP 23 1992</u>	
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HCFA 179 <u>92-33</u>	

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19. *
20. Targeted Case Management for Individuals Receiving Services from the Department of Protective and Regulatory Services.

See Supplement 1 to Attachment 3.1-A, page 1.G

* Pen and ink correction made in accordance
with SAA-95-13.

STATE	<i>Texas</i>	A
DATE REC'D	MAR 31 1994	
DATE APP'D	NOV 04 1994	
DATE EFF	JAN 01 1994	
HCFA 179	<i>94-14</i>	

20.a. Extended Services To Pregnant Women - Pregnancy-related and Postpartum Services for 60 Days after the Pregnancy Ends.

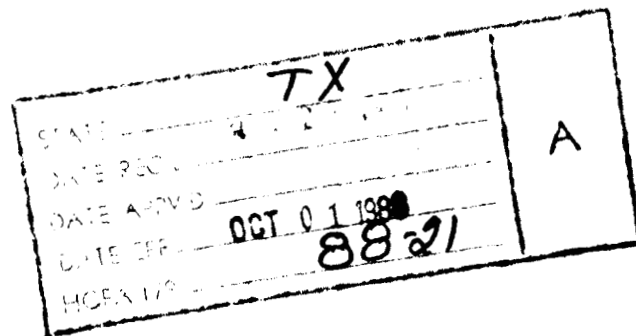
Services within the amount, duration and scope of the Texas Medical Assistance Program contained in this state plan are available as pregnancy-related services, postpartum services, or services for any other medical condition that may complicate pregnancy when medically necessary and provided by a participating provider.

STATE	TX	A
DATE RECD	NOV 29 1988	
DATE APPVD		
DATE OFS	OCT 01 1988	
MCFA NO	88-21	

TN No. 88-21
Supersedes _____ Approval Date JAN 18 1989 Effective Date 1989
TN No. See MCFA-179

20.b. Extended Services To Pregnant Women - Services For Any Other Medical Conditions That May Complicate Pregnancy.

Services within the amount, duration and scope of the Texas Medical Assistance Program contained in this state plan are available as pregnancy-related services, postpartum services, or services for any other medical condition that may complicate pregnancy when medically necessary and provided by a participating provider.



TN No. 88-21
Supersedes _____ Approval Date _____ Effective Date _____
TN No. See HCFA-179

21. Ambulatory Prenatal Care For Pregnant Women Furnished During A Presumptive Eligibility Period By A Provider (In Accordance With Section 1920 Of The Act).

Provided with no limitations.

STATE <u>Texas</u>	A
DATE RECD <u>1-3-90</u>	
DATE APPROV <u>2-2-90</u>	
FILE NO. <u>10-1-89</u>	
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TN. <u>89-27</u>	
Supersedes <u>88-21</u>	Approval Date <u>2-2-90</u> Effective Date <u>12-1-89</u>
TN No. <u>88-21</u>	

22. Respiratory Care Services.

(a) Subject to the specifications, conditions, limitations, and requirements established by the single state agency, in-home respiratory therapy services are available to eligible recipients who:

(1) are ventilator-dependent for life support at least six hours per day;

(2) have been so dependent for at least 30 consecutive days as an inpatient in one or more hospitals, skilled nursing facilities (SNF), or intermediate care facilities (ICF);

(3) but for the availability of these respiratory care services at home, would require respiratory care as an inpatient in a hospital, SNF, or ICF;

(4) would be eligible to have payment made for such inpatient care under the state Medicaid plan;

(5) have adequate social support services to be cared for at home; and

(6) wish to be cared for at home.

(b) Covered respiratory therapy services must be reasonable, medically necessary, and prescribed by the recipient's physician (M.D. or D.O.). The physician must be licensed in the state in which the physician practices.

(c) The single state agency must authorize the services prior to their delivery. Prior authorization requests must include all pertinent medical records and other information as required by the single state agency to justify the medical necessity of and/or dependency on the ventilator support and therapy services and to ensure that the requirements in subsection (a) of this section are met. Prior authorization is a requirement for payment. The single state agency may extend the prior authorization based upon an interim report from the physician documenting the medical necessity and appropriateness of continued in-home respiratory therapy services.

(d) Covered services include:

(1) Respiratory therapy services and treatments prescribed by the recipient's physician.

(2) Supplies, including disposable circuits, suction catheters, tracheal care kits, sterile water, non-sterile disposable gloves, and dressings/tracheal tapes that are necessary in the administration of the therapy and treatment. Supplies do not include drugs.

(3) Education of the recipient and/or appropriate family members/support persons regarding the in-home respiratory care. Education must include the use and maintenance of required supplies, equipment, and techniques appropriate to the situation.

STATE <u>Texas</u>	A
DATE REC'D <u>1-29-90</u>	
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HCFA 179 <u>90-03</u>	

TN No. 90103
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22. Respiratory Care Services (continued)

(e) Providers of respiratory therapy services must meet the following requirements:

(1) Comply with all applicable federal, state, and local laws and regulations.

(2) Be certified by the Texas Department of Health to practice under Article 4512L Texas Revised Civil Statutes Annotated.

(3) Be enrolled and approved for participation in the Texas Medical Assistance Program.

(4) Sign a written provider agreement with the single state agency or its designee. By signing the agreement, the provider agrees to comply with the terms of the agreement and all requirements of the Texas Medical Assistance Program including regulations, rules, handbooks, standards, and guidelines published by the single state agency or its designee.

(5) Bill for covered services in the manner and format prescribed by the single state agency or its designee.

STATE <u>Texas</u>	A
DATE REC'D <u>1-29-90</u>	
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HCFA 129 <u>90-03</u>	

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